



Arizona High School Equivalency Access Code & Test History Request

Walk-in Location:

ADE/Adult Education Services
3300 N. Central Ave., Suite 2360
Phoenix, AZ 85012

Email address:

AdultEd@azed.gov

Fax Number:

(602) 542-0031

Phone Number:

(602) 258-2410, option #2

Business Hours: Monday-Friday 8:00am-5:00pm

Instructions

- ⇒ Please clearly fill and sign this form. (Must be completed by examinees only)
- ⇒ You may fax this form, email, or come in person to our office.
- ⇒ **If emailed or faxed**, please include a readable photocopy of your current valid government-issued picture I.D. (front and back). Please keep in mind there is a possibility we may ask you to resubmit your I.D. if it does not come out clearly. We recommend using the lightest setting on your fax machine.
 - **Then, call us at (602) 258-2410, option #2 at least 15 minutes after submission to allow time for processing to obtain your Access Code. We do not keep requests longer than 2 business days. We do not give Access Codes to 3rd parties.**
- ⇒ **If submitted in person:** Please bring your current valid government-issued picture I.D. with you. We will give you a Test History, which contains your Access Code while you are here.
- ⇒ **Once you receive your Access Code**, you may go online to www.HSE123.org, enter your code under "Returning Students" where it says "Otherwise, enter an Access Code." Then, you may print official transcripts for free.

*Please Note: If you took your GED® prior to 1985 and have never requested a copy of your records before, your record may still be on microfilm. Records still on microfilm do not have an Access Code generated yet, and a transcript request will have to be submitted to do a microfilm search. (See High School Equivalency Records Request Form)

My Information

Current Legal Name (REQUIRED) (First, Middle, Last)		Social Security Number (REQUIRED) - - -
Name During Test— <i>Required if different than above</i> (First, Middle, Last)		Date of Birth (REQUIRED) / /
Current Mailing Address	City, State, Zip Code	Current Phone Number () -
Test Center Name/Approx. Testing Location		Approx. Test Date
I Tested On... <input type="checkbox"/> Computer and/or <input type="checkbox"/> Paper/Pencil		

Certification: "I hereby certify that all information provided is completely true, and I authorize the release of my scores to the requestor." Applicant Signature (Required by Student Privacy Act)

Signature _____ Date ____/____/____

WE DO NOT EMAIL OR FAX ANY SCORES, ACCESS CODES, OR RECORD INFORMATION